

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF ALABAMA

RECEIVED

Jeffery Todd 1409774

Full name and prison number
of plaintiff(s)

v.

DEBRA P. HACKETT, CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

CIVIL ACTION NO. 2:05CV1102-F
(To be supplied by Clerk of
U.S. District Court)

Arron Bee

Dr. McAuther

Prison Health Care Services

Name of person(s) who violated
your constitutional rights.
(List the names of all the
persons.)

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court
dealing with the same or similar facts involved in this
action? YES () NO (X)

B. Have you begun other lawsuits in state or federal court
relating to your imprisonment? YES () NO (X)

C. If your answer to A or B is yes, describe each lawsuit
in the space below. (If there is more than one lawsuit,
describe the additional lawsuits on another piece of
paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s)

Defendant(s)

2. Court (if federal court, name the district; if
state court, name the county)

3. Docket number N/A
4. Name of judge to whom case was assigned N/A
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) N/A
6. Approximate date of filing lawsuit N/A
7. Approximate date of disposition _____

II. PLACE OF PRESENT CONFINEMENT Staton Prison Po Box 56
G Dorm 4-18th zip 36025

PLACE OF INSTITUTION WHERE INCIDENT OCCURRED _____
Staton H.C.U. P.O. Box 56
Elmore AL. 36025

III. NAME AND ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR CONSTITUTIONAL RIGHTS.

NAME

ADDRESS

1. Arron Bee Staton H.C.U. P.O. Box 56, Elmore AL. 36025
2. Dr. McAuther Staton U.C.U. P.O. Box 56, Elmore AL. 36025
3. _____
4. _____
5. _____
6. _____

IV. THE DATE UPON WHICH SAID VIOLATION OCCURRED on or about

4/26/05 until - Continuing

V. STATE BRIEFLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION THAT YOUR CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:

GROUND ONE: Prison Health Care has been deliberately
indifferent to Plaintiff Gould for delaying health care

STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place and manner and person involved.)

treatment to him and also denying him treatment
for Hepatitis C. Plaintiff was diagnosed with Hepatitis
C ~~March~~ ^{April} of 1995 and he has done several grievances
because of the denial of treatment.

GROUND TWO: _____

SUPPORTING FACTS: Inmate Gould has copies of
all Grievances against Prison Health Services, Inc.
Gould will use these copies of Grievances as
evidence.

GROUND THREE: _____

SUPPORTING FACTS: _____

VI. STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.

Petitioner Gould ask this Honorable Court to issue an Injunction ordering Prison Health Care to treat Him (Gould) for Hepatitis C and related health problems.

Jeffery Todd Gould
Signature of plaintiff(s)

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on 11/15/05
(Date)

Jeffery Todd Gould
Signature of plaintiff(s)